

know he was much more than that. He taught a nation to care instead of hate, to embrace people living with AIDS as a part of our American family, to extend always the hand of hope. There are others in this room who had children that are a lot like him. I thank all of you, and I thank all of you who have fought this battle for so long.

This legislation offers hope for another 5 years. Let us all pray that no President will ever have to sign another bill because, by then, we will have found a cure for AIDS and a vaccine to protect every American.

Let me again thank the Members of Congress who are here and note that this bill passed by

a voice vote in the Senate and with only 4 dissenting votes in the House of Representatives—I believe 414 for. So that's a great tribute to the Members of Congress in both parties who spoke out in favor of this. And I thank those who are here, and Senator Kennedy especially, for what they have all done.

Thank you very much.

NOTE: The President spoke at 11:25 a.m. in the Roosevelt Room at the White House. S. 641, approved May 20, was assigned Public Law No. 104–146.

Statement on Signing the Ryan White CARE Act Amendments of 1996

May 20, 1996

Today I have signed into law S. 641, the “Ryan White CARE Act Amendments of 1996.” This bill reflects our Nation’s continuing commitment to care for people living with HIV and AIDS, as well as our efforts to extend the quality and length of their lives. The reauthorization of this vital program by overwhelming bipartisan majorities in the Congress sends a clear message that this country continues to care about the thousands of our fellow citizens affected by the AIDS epidemic. Under my Administration, funding for the Ryan White CARE Act grants has more than doubled since fiscal year 1993.

This bill would authorize appropriations during fiscal years 1996–2000 for grants that fund medical and support services to people with HIV and AIDS across the Nation. Under S. 641, the Ryan White CARE programs will continue partnerships between the Federal Government, the States, many cities, community organizations and clinics, and a broad array of health care providers. With its emphasis on locally determined, outpatient community-based care, we will relieve the fiscal burden caused by utilizing inappropriate and expensive inpatient care in public hospitals.

Six short years ago when the Ryan White CARE Act of 1990 was first enacted, a cumulative total of over 161,000 cases of AIDS had been reported to the Centers for Disease Control and Prevention (CDC) and over 100,000

Americans had died of the disease. As of March 1996, over 530,000 cases have been reported, and there have been more than 320,000 American deaths. AIDS is the leading cause of death for all Americans aged 25 to 44. It is estimated that between 600,000 and 900,000 Americans are now living with HIV disease, and CDC estimates that approximately 40,000 Americans become infected every year.

Prior to the Ryan White CARE Act, there were many communities where the health care infrastructure was collapsing under the sudden and intense burden posed by the AIDS epidemic. Many individuals with HIV disease were not receiving needed health care and support services. States, cities, and individual service providers were struggling to provide care for the growing numbers of people with HIV disease who increasingly came from disenfranchised groups, with little or no income, and no health insurance or other sources of support to pay for needed care.

Today more than 300,000 people receive services under the various programs supported by the Ryan White CARE Act. These services range from direct provision of outpatient primary care to supportive services that permit people with HIV and AIDS to continue living productive, independent lives. Since the original enactment of the Ryan White CARE Act 6 years ago, the number of cities eligible for special

assistance has grown from 16 to 49, reflecting the growth in the number of people needing services.

Despite this harsh reality, the investment in research to find a treatment and cure for HIV disease is making progress. The rapid approval of a new class of anti-HIV therapies offers new hope that this virus can be held in check for extended periods of time. As soon as we learned of the benefits of these new therapies, I proposed—and the Congress then passed—a \$52 million Budget Amendment for fiscal year 1996 so people with HIV could purchase these and other medications. We have also learned that by administering the drug AZT, we can reduce the transmission of HIV infection from mothers to infants by approximately two-thirds.

The Ryan White CARE Act provides the mechanisms and the resources to translate these and other research advances into practice by providing access to state of the art health care for thousands of Americans living with HIV and

AIDS. The AIDS Drug Assistance Program, funded under Title II of the Ryan White CARE Act, will help make life-saving and life-extending treatments available to people who could not otherwise afford them. The implementation of the voluntary prenatal counseling and testing guidelines through Ryan White funded programs should dramatically reduce transmission of HIV infection to unborn babies.

There is a long way to go toward finding a cure or a vaccine for HIV and AIDS. Until then, the Ryan White CARE Act programs will continue to help people with HIV disease get the care-related services they need.

WILLIAM J. CLINTON

The White House,
May 20, 1996.

NOTE: S. 641, approved May 20, was assigned Public Law No. 104–146.

Letter to Congressional Leaders Reporting on the Deployment of United States Forces in Liberia *May 20, 1996*

Dear Mr. Speaker: (Dear Mr. President:)

On April 11, 1996, I reported that U.S. military forces equipped for combat had entered Monrovia, Liberia, for the purpose of evacuating American citizens and certain third-country nationals from that strife-torn city. This letter is provided, consistent with the War Powers Resolution, to update the Congress on the continued deployment of U.S. forces, including the response by those forces to several isolated attacks on the American Embassy complex on April 30, 1996, and May 6, 1996.

As of this date, U.S. forces have evacuated over 2,300 persons from Monrovia, including over 470 American citizens. The U.S. Special Operations and U.S. Army Europe forces that conducted the initial evacuations have been replaced by U.S. Marines assigned to a Marine Amphibious Ready Group offshore in the immediate vicinity of Monrovia. Approximately 280 Marines and other U.S. military personnel from the total U.S. force of 2,500 are currently ashore at the American Embassy complex. In addition

to protecting American lives and property at the Embassy complex, the mission of these forces is to maintain the capability to conduct further evacuations if circumstances warrant.

On April 30, 1996, three separate attacks occurred against the American Embassy complex reportedly involving fighters from several factions. In the first encounter, a U.S. Marine was grazed by a round fired by one of the attackers. The Marines did not return fire, and the injured Marine was able to return to duty on the same day. In the second attack, a Marine was struck by plywood splinters dislodged by an incoming round. During this attack, the Marines returned fire, killing two or more attackers. During the final encounter, approximately 40 to 50 attackers, while apparently engaged in a pursuit of fighters from another faction, fired on the Marines. After the Marines returned fire, one of the attackers fired again. The Marines again returned fire, this time killing two or more attackers.